



SPONSOR BUDGET PLAN of CACFP Reimbursements and Expenses

Each sponsoring organization is required to submit an annual budget of projected CACFP reimbursement and expenses for NYS CACFP to assess the organization's capability to manage funds. All proposed expenses must be allowable, necessary and reasonable. The organization must demonstrate that CACFP funding will be used in accordance with regulatory requirements and FNS Instruction 796-2, *Financial Management in the Child and Adult Care Food Program*.

	Sponsor Completes This Column	FOR STATE USE ONLY Approved
A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT	\$ _____	\$ _____
B. OPERATING EXPENSES		
1. Total Food Expenses	\$ _____	\$ _____
2. Non-food Supplies		
Paper goods	\$ _____	
Food service related equipment under \$5,000	\$ _____	
Maintenance supplies	\$ _____	
Uniform allowance	\$ _____	\$ _____
3. Food Service Personnel (Complete page 2)		
Salaries	\$ _____	
F I C A	\$ _____	\$ _____
4. Capital Outlay [Food service related equipment over \$5,000]		
List items to be purchased _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____
C. THE DIFFERENCE (A-B=C) (If zero or less, stop here)	\$ _____	\$ _____
D. ADMINISTRATIVE EXPENSES		
1. Administrative Personnel (Complete page 2)		
Salaries	\$ _____	
F I C A	\$ _____	
Fringe	\$ _____	\$ _____
2. Administrative Costs		
Office supplies, postage, printing	\$ _____	
Nutrition education and training supplies	\$ _____	
Fringe for food service personnel	\$ _____	
Mileage or public transportation costs	\$ _____	
Contract services (bookkeeping/payroll)	\$ _____	
Other	\$ _____	\$ _____
3. Audit Fees	\$ _____	\$ _____
E. TOTAL ADMINISTRATIVE EXPENSES		
[May not exceed 15% of A.]	\$ _____	\$ _____

Completed by: _____ Title _____

Phone number: _____ Date _____

This form must be completed by someone listed on the Certificate of Authority (DOH-3671).

Each Sponsoring Organization is required to train key staff annually on CACFP requirements. This organization conducted training on the following date: _____

Complete the following chart only if your organization is charging any labor costs to CACFP. List all position titles of the Sponsoring Organization whose salary will be supported in total or in part by the CACFP reimbursement. This may include food service staff (cooks, cook's aides) as well as administrative staff (director, secretary, bookkeeper).

OPERATING LABOR						
TITLE OF POSITION	NUMBER OF PERSONS	HOURS PER DAY WORKED ON CACFP	WAGE PER HOUR	NUMBER OF DAYS PER YEAR	TOTAL YEARLY SALARY	AMOUNT OF SALARY PAID BY CACFP
						\$
						\$
						\$
						\$
						\$
					TOTAL	\$
ADMINISTRATIVE LABOR						
						\$
						\$
						\$
						\$
						\$
					TOTAL	\$